

INDIA Mission 23/28 June 2013 Company Profile

COMPANY NAME		
ADDRESS		
POSTCODE	CITY	PROVINCE
TELEPHONE	FAX	
HOME PAGE		
E-MAIL		
CONTACT PERSON		
JOB TITLE		

1. ACTIVITY SECTOR

- | | |
|--|--|
| <input type="checkbox"/> Agro-INDUSTRY | <input type="checkbox"/> FOOD |
| <input type="checkbox"/> PACKAGING | <input type="checkbox"/> FOOD PROCESSING |
| <input type="checkbox"/> ENGINEERING | <input type="checkbox"/> OTHER (specify) _____ |

2. DESCRIPTION OF THE PRODUCTS/SERVICES

DESCRIPTION	DUTY CODE

Who is the final consumer of your products/services?

What is the main application of your products/services?

3. COMPANY INFORMATION

START OF ACTIVITY :	WORKFORCE :
TURNOVER (Mln. €) :	EXPORT TURNOVER (%) :
2011 _____	% 2011 _____
2012 _____	% 2012 _____

Where do you sell your product?

GEOGRAFIC AREA	0-15%	15-40%	40-60%	60-100%
Italy				
Europe				
Asia				
Usa and Canada				
Latin America				
Mediterranean				
Middle East				

4. COMMERCIAL PROFILE

Main factor of competitiveness of your company:

- | | | |
|--|--|--------------------------|
| <input type="checkbox"/> Ratio price/quality | <input type="checkbox"/> Quality | |
| <input type="checkbox"/> Brand name/Presentation | <input type="checkbox"/> Technology | <input type="checkbox"/> |
| <input type="checkbox"/> Range of products | <input type="checkbox"/> Other (specify) _____ | |

Your presence in foreign markets:

- | | |
|---|--|
| <input type="checkbox"/> Direct | <input type="checkbox"/> Franchising |
| <input type="checkbox"/> Representative | <input type="checkbox"/> Main Distribution |
| <input type="checkbox"/> License | <input type="checkbox"/> Importer/Distribution |
| <input type="checkbox"/> Joint venture | <input type="checkbox"/> Other (specify) _____ |

Main Competitors:

ENTERPRISES	COUNTRY

Previous Experience in the local market (if any):

Is your company in contact with local companies?

Yes No

Would you like to contact any specific company?

Yes No

If yes, specify the name and the address

NAME	ADDRESS	TELEPHONE	CONTACT PERSON

Is there any specific company you want **NOT to contact**?

Yes No

If yes, specify the name and the address

NAME	ADDRESS	TELEPHONE	CONTACT PERSON

5. PARTNER RESEARCH

Type of partner you are looking for:

Direct

Franchising

Representative

Main Distribution

Importer/Distribution

Other (specify) _____

Describe briefly the profile of the partner you would like to meet:

6. PERSON IN CHARGE OF THE MISSION – FOREIGN LANGUAGES SPOKEN

NAME AND SURNAME
WORKING POSITION
TEL. MOB.
E MAIL
LANGUAGE SPOKEN